

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) ALZ5116USANP																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Subramanian, et al.</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number 10/777,415</td> <td style="padding: 5px;">Filed February 11, 2004</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For METHODS AND DOSAGE FORMS WITH MODIFIED VISCOSITY LAYERS</td> </tr> <tr> <td style="padding: 5px;">Art Unit 1615</td> <td style="padding: 5px;">Examiner Maewall, S.</td> </tr> </table>			In re Application of Subramanian, et al.		Application Number 10/777,415	Filed February 11, 2004	For METHODS AND DOSAGE FORMS WITH MODIFIED VISCOSITY LAYERS		Art Unit 1615	Examiner Maewall, S.										
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>510.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required fees, or credit any overpayment to Deposit Account No. <u>50-4616</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 60%;"><input type="checkbox"/> applicant /inventor.</td> <td style="border-bottom: 1px solid black; text-align: center;">/Judy M. Mohr/</td> </tr> <tr> <td></td> <td style="text-align: center;">Signature</td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td style="border-bottom: 1px solid black; text-align: center;">Judy M. Mohr</td> </tr> <tr> <td></td> <td style="text-align: center;">Typed or printed name</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>38,563</u></td> <td style="border-bottom: 1px solid black; text-align: center;">650-590-0734</td> </tr> <tr> <td></td> <td style="text-align: center;">Telephone number</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</td> <td style="border-bottom: 1px solid black; text-align: center;">July 25, 2008</td> </tr> <tr> <td></td> <td style="text-align: center;">Date</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">*Total of <u>1</u> forms are submitted.</td> </tr> </table>			<input type="checkbox"/> applicant /inventor.	/Judy M. Mohr/		Signature	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Judy M. Mohr		Typed or printed name	<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>38,563</u>	650-590-0734		Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	July 25, 2008		Date	<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.
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